



Ambulatory Surgery Center
LEADERSHIP BOOT CAMP

**PHARMACY MANAGEMENT
WHAT YOU MAY NOT KNOW**

AMIT GUPTA RPH, PHARM.D, CCP, CGP
AMIT GUPTA CONSULTING, LLC

SASSO CONSULTING, LLC
Healthcare Compliance & Consulting

**Riker
Danzig**
**RIKER
DANZIG
SCHERER
HYLAND
PERRETTI, LLP**

ABOUT ME

AMIT GUPTA R.PH, PHARM.D, CCP, CGP

**OWNER OF AMIT GUPTA CONSULTING,
LLC**

- CONSULTANT PHARMACIST
- 17 YEARS OF EXPERIENCE
- PROVIDE CONSULTING PHARMACY SERVICES TO ASC, DIALYSIS, SNF, AND ALF.

AMIT GUPTA CONSULTING, LLC

5 PELHAM LANE

BORDENTOWN NJ 08505

(908) 334-5437

AMITGUPTACONSULTINGLLC@GMAIL.COM



WHAT IS A CONSULTANT PHARMACIST?



WHAT IS A CONSULTANT PHARMACIST?

- ENSURE THEIR PATIENT'S MEDICATIONS ARE APPROPRIATE, EFFECTIVE AND AS SAFE AS POSSIBLE.
- IDENTIFY, RESOLVE AND PREVENT MEDICATION RELATED ERRORS
- MONITOR FOR APPROPRIATE DOCUMENTATION.

→ A MEMBER OF YOUR TEAM WHO ENCOURAGES CENTER GROWTH TO ENSURE PATIENT CARE

N.J.A.C. 8:43A-12.19

DESIGNATION OF CONSULTANT PHARMACIST

- IF AN AMBULATORY SURGICAL FACILITY DOES NOT HAVE AN INSTITUTIONAL PHARMACY, THE FACILITY SHALL DESIGNATE A CONSULTANT PHARMACIST WHO SHALL REVIEW ALL FACILITY POLICIES AND PROCEDURES CONCERNING THE ADMINISTRATION, CONTROL, AND STORAGE OF MEDICATIONS **AT LEAST SEMIANNUALLY**.
- THE CONSULTANT PHARMACIST SHALL NOT BE AFFILIATED WITH THE PHARMACY WHICH PROVIDES PHARMACEUTICAL SERVICES FOR THE FACILITY.
- [HTTPS://ADVANCE.LEXIS.COM/CONTAINER?CONFIG=00JAA5OTY5MTDJZ11LMZYXLTQXNTETOWFKNI0XMMU5ZTVIODQ2M2MKAFBVZENHDGFSB2COFSYAEFV22IKQMT9DIHRF&CRID=52EA8FAF-C6A5-480A-92DB-BF0F038578BB&PRID=3724F4B9-8008-4034-9C4E-EE369A6B381C](https://advance.lexis.com/container?CONFIG=00JAA5OTY5MTDJZ11LMZYXLTQXNTETOWFKNI0XMMU5ZTVIODQ2M2MKAFBVZENHDGFSB2COFSYAEFV22IKQMT9DIHRF&CRID=52EA8FAF-C6A5-480A-92DB-BF0F038578BB&PRID=3724F4B9-8008-4034-9C4E-EE369A6B381C)

CONTROLLED DRUGS SUBSTANCES (CDS)



For Bonus points – Can you tell which is medication is not a CDS?

CONTROLLED DRUGS SUBSTANCES ORDERING

- REVIEW YOUR DEA 222 FORMS
 - NAME AND ADDRESS OF THE CENTER
 - ORDER
 - LOCKED/STORAGE
 - FILLED OUT APPROPRIATELY AFTER MEDS ARE RECEIVED
 - TRACKING
 - ODD – SCENARIOS (FILLED OUT WRONG, BACKORDERS, ETC)
- TIP - DO NOT FILL OUT NDC OTHERWISE THE SUPPLIER MUST SEND THAT SPECIFIC NDC.

See Reverse of PURCHASER'S Copy for Instructions | No order form may be issued for Schedules I and II substances unless a completed application form has been received, (21 CFR 1305.04) | OMB APPROVAL No. 43-R0267

1 → TO: (Name of Supplier) Alltech Associates, Inc. | STREET ADDRESS 2051 Waukegan Road

CITY and STATE Deerfield, IL 60015 | DATE Today's Date | TO BE FILLED IN BY SUPPLIER SUPPLIER'S DEA REGISTRATION No.

2 → TO BE FILLED IN BY PURCHASER

LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	3	25 mg	Benzoyllecgonine tetrahydrate			
2	10	25 mg	PCP HCl			
3	5	50 mg	Cocaine HCl			
4	1	10 mg	Lysergic Acid Diethylamide (LSD)			
5						
6						
7						
8						
9						
10						

4 → NO. OF LINES COMPLETED 4 | SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT [Signature]

5 ← Date Issued 01/01/08 | DEA Registration No. PA0017741 | Name and Address of Registrant The ABC Company, Main Street, Any Town, Any State, 99999

6 ← Schedules 1, 2, 3, 3N, 4, 5 | Registered as a Analytical Lab | No. of this Order Form K21112988

DEA Form — 222 (Aug. 1978) | U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II | DRUG ENFORCEMENT ADMINISTRATION | SUPPLIER'S COPY 1 | 16326237

CONTROLLED DRUGS SUBSTANCES STORAGE

- LOCKED AND STORED PROPERLY
- CHECK TO SEE COUNTS ARE DONE APPROPRIATELY
- A COUNT WILL BE DONE

TIP - SCHEDULE 2 CDS MUST BE STORED SEPARATELY FROM ALL OTHER MEDICATIONS (INCLUDING SCHEDULE 3-5 CDS) IN A DOUBLE LOCKED PERMANENTLY AFFIXED CABINET/CART.

CONTROLLED DRUGS SUBSTANCES USE

- SEE YOUR PROCESS
- DOCUMENTATION
- AUDIT COMPARING CHARTS TO THE CHARTS
- LOOKING FOR GAPS

CONTROLLED DRUGS SUBSTANCES DESTRUCTION

- DDC FORM 51 OR DEA FORM 41
- MUST RECEIVE REQUEST FOR DESTRUCTION OF SCHEDULE 2 FROM THE LOCAL DEA OFFICE.
- DOUBLE SIGNATURE ON ALL WASTE

WHEN THE CDS AUDIT IS DONE RIGHT...



CENTER INSPECTION

- ALTHOUGH IT IS IMPORTANT REVIEW CHARTS, CDS, AND SPEAKING WITH PHYSICIANS, THE CONSULTANT MUST AUDIT MEDICATIONS FOR EXPIRATIONS
- PRE-OP
- OPERATING ROOMS/PROCEDURE ROOMS
- PACU
- CODE CART/MALIGNANT HYPERTHERMIA
- REFRIGERATOR/MEDICATION ROOMS



CODE CART/MH

- MUST HAVE BREAKAWAY LOCKS
- SHOULD BE CHECKED REGULARLY
- KEEP FILTER NEEDLES/STRAWS NEXT TO GLASS AMPULES
- VERIFY QUANTITIES ON THE CONTENT LIST VS. ACTUAL
- SALAD/LASA LIST
- DEFIB INTO EMERGENCY OUTLET



CODE CART/MH

- CORRECT AMOUNT OF STERILE WATER FOR DANTROLENE
- EXTENDED EXPIRATION DATES
- MH POSTERS
- MALIGNANT HYPERTHERMIA IS CONSIDERED A CODE SITUATION

TIP - CONSIDER USING A LOCAL PHARMACY WHICH WILL BREAK UP LARGE QUANTITIES OF RARELY USED MEDICATIONS (AMIODARONE, ABBOJECTS)



REFRIGERATOR

- TEMPERATURES SHOULD BE RECORDED AT LEAST TWICE DAILY ON THE DAYS THE CENTER IS OPEN.
- DIGITAL THERMOMETERS MUST RECALIBRATED BASED OFF A DATE ON THE BACK.
- KEEP ICE PACKS IN THE REFRIGERATOR TO HELP MAINTAIN TEMPERATURES
- TIP – BLUETOOTH CONTINUOUSLY MONITOR TEMPERATURES, AND WILL SEND ELECTRONIC NOTIFICATIONS WHEN TEMPERATURES ARE OUT OF RANGE

OPERATING ROOM/PROCEDURE ROOMS

- LOOKING FOR OPENED VIALS
- PROPERLY DISPOSED OF MEDICATIONS
- POSSIBLY RE-USING SINGLE DOSE VIALS
- SAVING PARTIALLY USED MEDICATIONS FOR MULTIPLE CASES
- PRE-DRAWN SYRINGES
- NERVE STIMULATORS IN PACU & EACH OR
- SPEAKING TO PHYSICIANS



CHART AUDIT/MEDICAL RECORDS

- IT IS IMPORTANT TO REMEMBER SOME MEDICAL RECORD REQUIREMENTS ARE FEDERAL AND OTHERS ARE BASED ON A STATE LEVEL
- THE NEXT SLIDES WILL LIST FEDERAL REQUIREMENTS AND SOME OF THE STATE REQUIREMENTS AUDITED BY A CONSULTANT PHARMACIST

FEDERAL DOCUMENTATION REQUIREMENTS

- COMPREHENSIVE MEDICAL H&P
- PRE-SURGICAL ASSESSMENTS – UPDATE OF THE H&P UPON ADMISSION, AND ASSESSMENT FOR THE RISK OF THE PROCEDURE AND ANESTHESIA;
- DOCUMENTATION OF PROPERLY EXECUTED INFORMED PATIENT CONSENT;
- FINDINGS AND TECHNIQUES OF THE OPERATION, INCLUDING COMPLICATIONS, ALLERGIES OR ADVERSE DRUG REACTIONS THAT OCCURRED
- ORDERS SIGNED BY THE PHYSICIAN FOR ALL DRUGS AND BIOLOGICALS ADMINISTERED TO THE PATIENT
- DOCUMENTATION OF ADVERSE DRUG REACTIONS, IF ANY
- DOCUMENTATION OF THE POST-SURGICAL ASSESSMENT OF THE PATIENT, INCLUDING FOR RECOVERY FROM ANESTHESIA
- DOCUMENTATION OF REASON FOR TRANSFER TO A HOSPITAL, IF APPLICABLE;
- DISCHARGE NOTES, INCLUDING DOCUMENTATION OF POST-SURGICAL NEEDS
- DISCHARGE ORDER, SIGNED BY THE OPERATING PHYSICIAN.

NEW JERSEY SPECIFIC DOCUMENTATION

- A MEDICATION SHEET INDICATING AT LEAST THE NAME, DATE, DOSAGE, AND DURATION OF ALL MEDICATIONS PRESCRIBED.
- A RECORD OF MEDICATIONS ADMINISTERED, INCLUDING THE NAME AND STRENGTH OF THE DRUG, DATE AND TIME OF ADMINISTRATION, DOSAGE ADMINISTERED, METHOD OF ADMINISTRATION, AND SIGNATURE OF THE PERSON WHO ADMINISTERED THE DRUG.
- INSTRUCTIONS GIVEN TO THE PATIENT AND/OR FAMILY FOR FOLLOW-UP CARE (DISCHARGE INSTRUCTIONS)
- DISCHARGE SUMMARY SHEET CONTAINING THE PATIENT'S NAME, ADDRESS, DATES OF ADMISSION AND DISCHARGE, AND A SUMMARY OF THE TREATMENT AND MEDICATION RENDERED DURING THE PATIENT'S STAY.

HISTORY AND PHYSICAL

- DOCUMENTATION OF THE MEDICAL HISTORY AND PHYSICAL EXAMINATION, IF PERFORMED, SIGNED AND DATED BY THE EXAMINER.
 - CAN BE DONE ON THE DAY OF SURGERY, BUT MUST BE SEPARATE FROM THE PRE-SURGICAL ASSESSMENT
 - MUST BE DONE PRIOR TO THE SURGERY.
 - MUST BE SIGNED AND DATED.
 - MAY BE DONE UP TO 30 DAYS PRIOR, BUT THERE MUST BE A SIGNED/DATED STATEMENT FROM THE DOCTOR STATING NO SIGNIFICANT HAVE OCCURRED SINCE THE H&P.

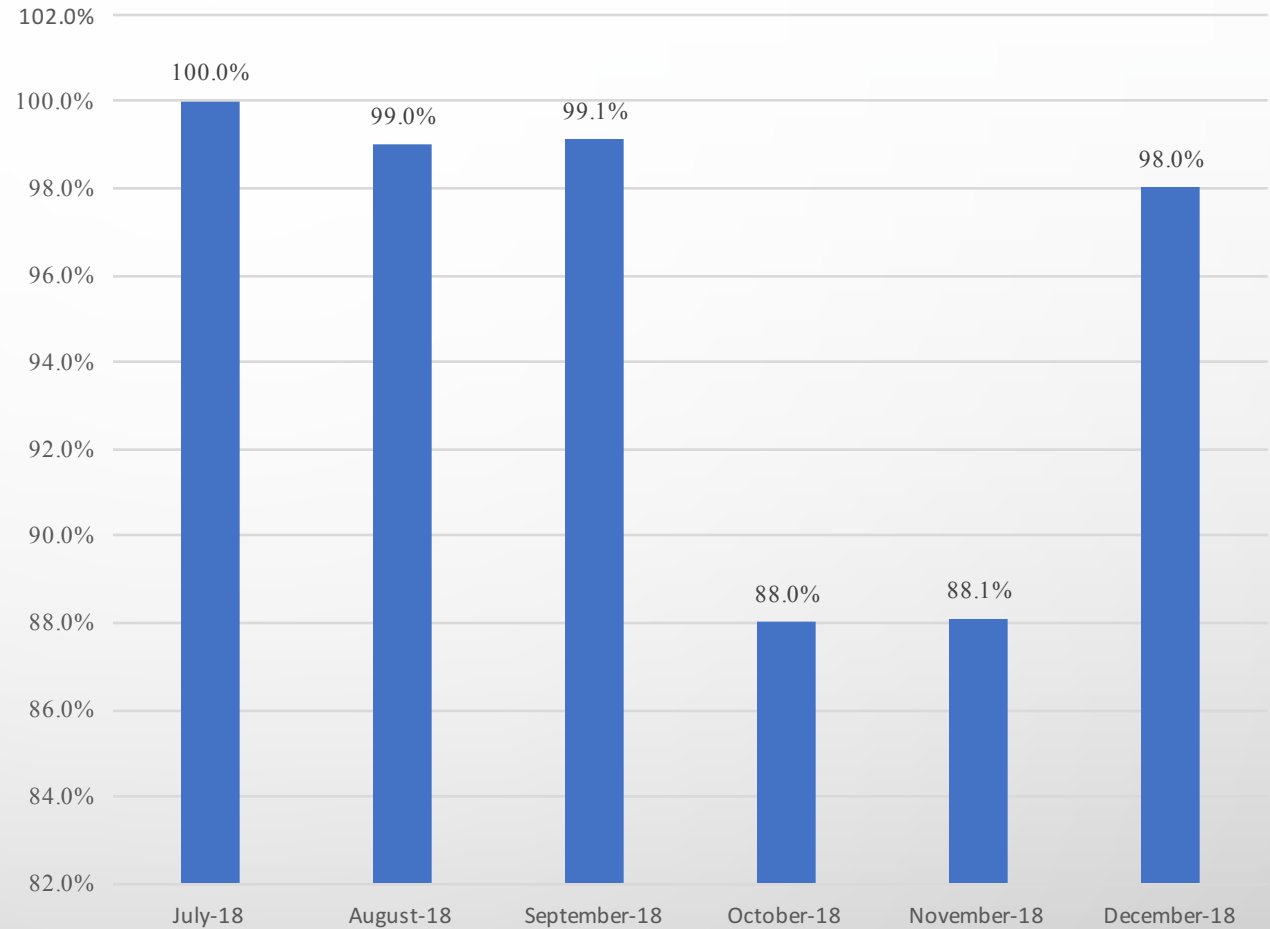
MEDICAL RECORDS / CHART REVIEW

- ALLERGY INFORMATION MUST BE ON THE OUTSIDE FRONT COVER, AND INCLUDE THE REACTION TO WHICH OCCURS.
- ALL ORDERS FOR TREATMENT, MEDICATION, AND DIETS, SIGNED BY THE PRESCRIBER.
- ANESTHESIA RECORDS
 - TOTALS
 - COMPARING NOTES

BENCHMARKING

- GRAPHING OF BENCHMARKED STATISTICS HELPS WITH ANALYSIS OF POTENTIAL TRENDS AND PROBLEM AREAS
- COMMONLY SEEN WITH HOSPITALIZATIONS, INFECTIONS AND MEDICATIONS
- THIS EXAMPLES SHOWS A DECREASE IN PATIENT SATISFACTION, BUT THEN A SLIGHT REBOUND. WHAT CAN WE LEARN?

Patient Satisfaction (%)



CORONAVIRUS

AMIT GUPTA RPH, PHARM. D, CCP, CGP

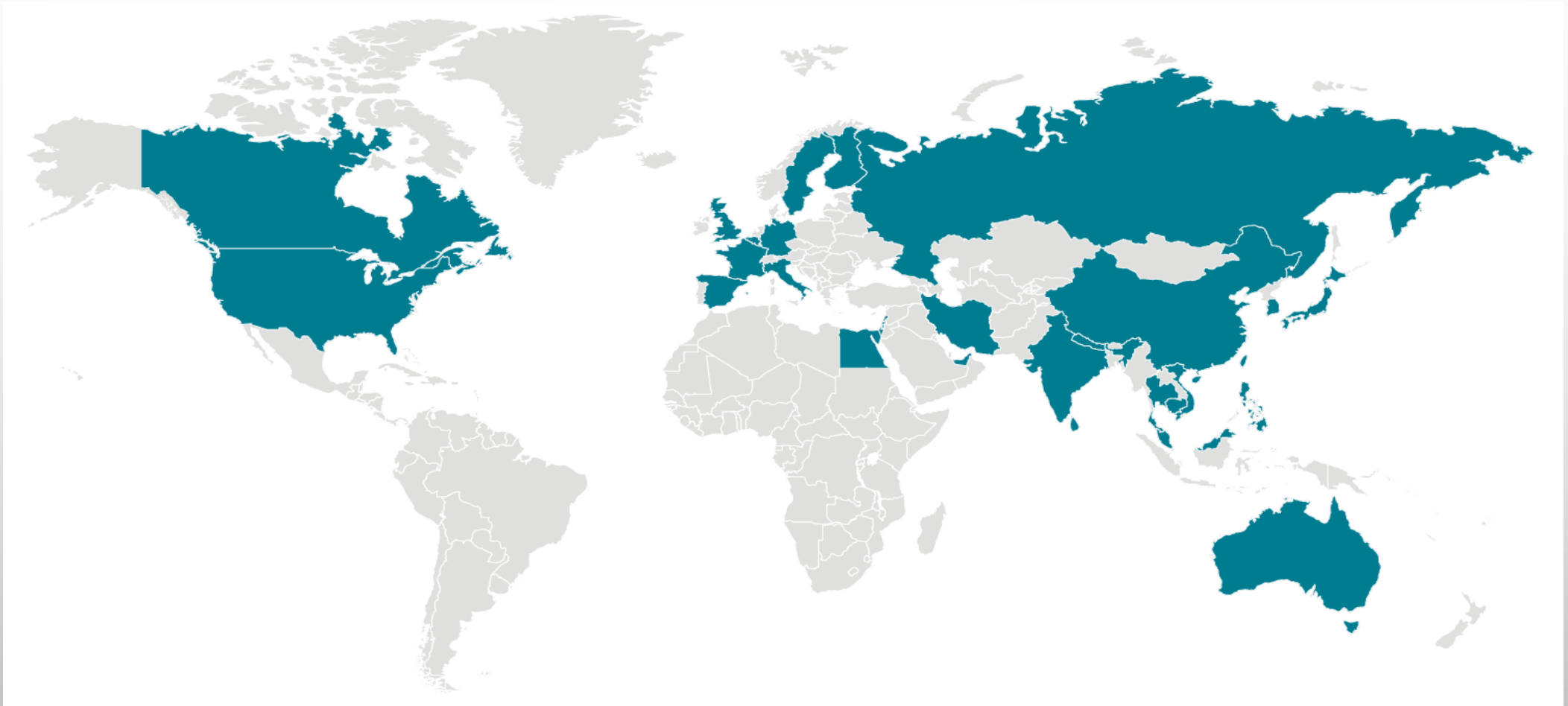
BACKGROUND

- CDC IS CLOSELY MONITORING AN OUTBREAK OF RESPIRATORY ILLNESS CAUSED BY A NOVEL (NEW) CORONAVIRUS (NAMED “2019-NCOV”) THAT WAS FIRST DETECTED IN WUHAN CITY, HUBEI PROVINCE, CHINA AND WHICH CONTINUES TO EXPAND.
- **ON FEBRUARY 11, 2020 THE WORLD HEALTH ORGANIZATION ANNOUNCED AN OFFICIAL NAME FOR THE DISEASE THAT IS CAUSING THE CURRENT OUTBREAK OF CORONAVIRUS DISEASE, COVID-19**

CORONAVIRUSES

- LARGE FAMILY OF VIRUSES
- COMMON IN MANY DIFFERENT SPECIES OF ANIMALS, INCLUDING CAMELS, CATTLE, CATS, AND BATS.
- RARELY, ANIMAL CORONAVIRUSES CAN INFECT PEOPLE AND THEN SPREAD BETWEEN PEOPLE SUCH AS WITH [MERS](#), [SARS](#), AND NOW WITH [COVID-19](#).

CONFIRMED COVID-19 CASES GLOBALLY



UNITED STATES

COVID-19: CONFIRMED CASES PEOPLE UNDER INVESTIGATION IN THE US

- TRAVEL-RELATED = 12
- PERSON-TO-PERSON SPREAD = 2
- TOTAL CONFIRMED CASES = 14
- TOTAL TESTED = 414

*TESTED IN THE UNITED STATES SINCE JANUARY 21, 2020. NOT INCLUDING PEOPLE RETURNED VIA STATE DEPARTMENT-CHARTERED FLIGHTS.

COVID-19: POSITIVE PERSONS REPATRIATED TO THE US AND TESTED BY CDC

- WUHAN, CHINA = 3
- DIAMOND PRINCESS SHIP = 18

†NUMBERS CLOSED OUT AT 4 P.M. THE DAY BEFORE REPORTING. (2/23/20)

HOW IT SPREADS

CURRENT UNDERSTANDING ABOUT CAUSES OF SPREADS IS BASED ON WHAT IS KNOWN ABOUT SIMILAR CORONAVIRUSES.

PERSON-TO-PERSON

- BETWEEN PEOPLE (WITHIN ABOUT 6 FEET)
- VIA RESPIRATORY DROPLETS (COUGHS OR SNEEZES)

SPREAD FROM CONTACT WITH INFECTED SURFACES OR OBJECTS

- IT MAY BE POSSIBLE THAT A PERSON CAN GET COVID-19 BY TOUCHING A SURFACE OR OBJECT THAT HAS THE VIRUS ON IT AND THEN TOUCHING THEIR OWN MOUTH, NOSE, OR POSSIBLY THEIR EYES, BUT THIS IS NOT THOUGHT TO BE THE MAIN WAY THE VIRUS SPREADS.

WHEN?

- PEOPLE ARE THOUGHT TO BE MOST CONTAGIOUS WHEN THEY ARE MOST SYMPTOMATIC (THE SICKEST).
 - SOME SPREAD MIGHT BE POSSIBLE BEFORE PEOPLE SHOW SYMPTOMS; THERE HAVE BEEN REPORTS OF THIS WITH THIS NEW CORONAVIRUS, BUT THIS IS NOT THOUGHT TO BE THE MAIN WAY THE VIRUS SPREADS.
- THERE IS STILL MORE TO BE LEARNED. COVID-19 IS AN EMERGING DISEASE AND THERE IS MORE TO LEARN ABOUT ITS TRANSMISSIBILITY, SEVERITY, AND OTHER FEATURES AND WHAT WILL HAPPEN IN THE UNITED STATES. NEW INFORMATION WILL FURTHER INFORM THE [RISK ASSESSMENT](#).

Prevention

CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

SYMPTOMS, TESTING AND TREATMENT

ILLNESSES HAVE RANGED FROM MILD SYMPTOMS TO SEVERE ILLNESS AND DEATH. SYMPTOMS CAN INCLUDE:

- FEVER
 - COUGH
 - SHORTNESS OF BREATH
 - SEVERE HEADACHE
 - MUSCLE PAIN
 - VOMITING/DIARRHEA
 - STOMACH PAIN
- → TEST AVAILABLE – BUT ONLY BASED ON CDC ALLOWED SITES
 - NO TREATMENT AVAILABLE PRESENTLY

CDC RECOMMENDS

- THE IMMEDIATE RISK OF THIS NEW VIRUS TO THE AMERICAN PUBLIC IS BELIEVED TO BE LOW AT THIS TIME, EVERYONE CAN DO THEIR PART TO HELP US RESPOND TO THIS EMERGING PUBLIC HEALTH THREAT:
- **FOR EVERYONE:** IT'S CURRENTLY FLU AND RESPIRATORY DISEASE SEASON AND CDC RECOMMENDS GETTING VACCINATED, TAKING EVERYDAY PREVENTIVE ACTIONS TO STOP THE SPREAD OF GERMS, AND TAKING FLU ANTIVIRALS IF PRESCRIBED.
- **FOR HEALTHCARE PROFESSIONALS:**
 - BE ON THE LOOK-OUT FOR PEOPLE WITH TRAVEL HISTORY TO CHINA AND FEVER AND RESPIRATORY SYMPTOMS.
 - IF YOU ARE A HEALTHCARE PROFESSIONAL CARING A COVID-19 PATIENT, PLEASE TAKE CARE OF YOURSELF AND FOLLOW RECOMMENDED INFECTION CONTROL PROCEDURES.
- **FOR PEOPLE WHO MAY HAVE COVID-19 INFECTION:** PLEASE FOLLOW CDC GUIDANCE ON HOW TO REDUCE THE RISK OF SPREADING YOUR ILLNESS TO OTHERS.
- **FOR TRAVELERS:** STAY UP TO DATE WITH CDC'S TRAVEL HEALTH NOTICES RELATED TO THIS OUTBREAK.

SCREENING TOOL

ENHANCED SCREENING

SARS/MERS/CORONAVIRUS (MERS-COV) TRIAGE FORM

IN ORDER TO CONFIRM THE SAFETY OF OUR PATIENTS AND TEAM MEMBERS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HAVE YOU TRAVELED TO THE ARABIAN PENINSULA OR ASIA RECENTLY?
2. **IF YES:** DID YOU DEVELOP A RESPIRATORY ILLNESS WITHIN 14 DAYS OF YOUR RETURN?
3. HAVE YOU BEEN IN CONTACT WITH ANYONE WHO HAS BEEN TO THE ARABIAN PENINSULA OR ASIA AND THEN DEVELOPED A RESPIRATORY ILLNESS?
4. HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE WITH A CONFIRMED CASE OF SARS/MERS /CORONAVIRUS WHILE THEY WERE ILL?

OTHER SERVICES

- IN-SERVICING
- POLICY REVIEW (AT LEAST SEMI-ANNUALLY)
- PLAN OF CORRECTION STATE INSPECTIONS
- RECALL & SHORTAGES
- DIVERSION INVESTIGATIONS
- ANYTHING PHARMACY RELATED QUESTIONS
- AS LONG AS ITS LEGAL!

BUT WE HAVE BEEN DOING IT THIS WAY SINCE WE
OPENED, AND HAVEN'T BEEN CITED YET...



DID YOU SPEED ON YOUR WAY HERE TODAY?





QUESTIONS?

I WILL BE HERE ALL DAY!

AMITGUPTACONSULTINGLLC@GMAIL.COM